



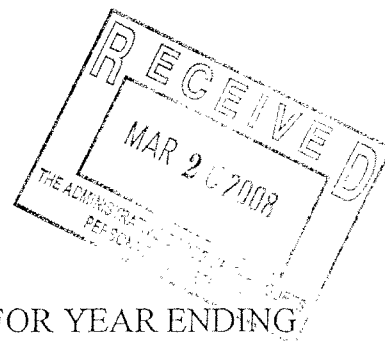
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MAR 28 2008

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Administration

KE

COMMISSION
ON ETHICS

JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING

DECEMBER 31, 20 07

GENERAL INFORMATION

1. Name STEVEN R. KOSACH
2. Title DISTRICT JUDGE
3. Mailing address 4085 Ramrod Circle
Reno, NV 89519
4. Length of residence in Nevada 34 years
5. County in which you are registered to vote Washoe
6. Length of residence in the county in which you are registered to vote _____

COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES

7. Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach additional sheets if necessary.

<i>Date</i>	<i>Nature and Place of Activity</i>	<i>Name of Payor</i>	<i>Amount</i>
<u>Jan-Mar</u>	<u>University of Nevada</u>	<u>Board of Regents</u>	<u>\$12,000</u>
<u>Sept-Nov</u>	<u>College of Extended</u>	_____	_____
_____	<u>Studies</u>	_____	_____
_____	_____	_____	_____

INCOME

8. Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from such sources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii). Attach additional sheets if necessary.

<i>Source of Income</i>	<i>Recipient</i>
<u>State of Nevada</u>	<u>Steven R. Kosach</u>
<u>Board of Regents</u>	<u>Steven R. Kosach</u>
<u>Destinations, Inc.</u>	<u>Gail S. Kosach</u>
_____	_____

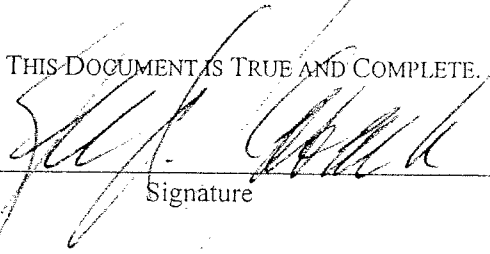
GIFTS, BEQUESTS, FAVORS, OR LOANS

12. Disclose the date, place, name of the donor, amount, and nature of any gift, bequest, favor or loan to you or to a member of your family residing in your household if its value exceeded \$200, unless this disclosure is not required by Section 4D of the Code of Judicial Conduct. *See especially* Canon 4D(5)(h) and 4I(2)(a)(vii). Attach additional sheets if necessary.

<i>Date</i>	<i>Name and Place of Gift</i>	<i>Name of Donor</i>	<i>Amount</i>

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND COMPLETE.

March 21, 2008
Date


Signature

File this form with the State Court Administrator.

Deliver or mail to:

**State Court Administrator
Administrative Office of the Courts
201 S. Carson Street, Suite 250
Carson City, Nevada 89701-4702**

Telephone: (775) 684-1700